



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU

**INITIAL APPLICATION FOR LICENSE
TO REMOVE AND TRANSPORT SEPTIC TANK WASTE**

Required under Part 117 of Act 451, Public Acts of 1994, as amended
website: www.michigan.gov/deqseptage

DEQ USE ONLY

COUNTY

LICENSE NO.

DATE ISSUED

Page 1 of 2

PLEASE PRINT OR TYPE

Please allow 4 to 6 weeks for processing

BUSINESS NAME	E-MAIL ADDRESS
BUSINESS TELEPHONE NO./FAX NO	HOME TELEPHONE NO.
FED I.D. OR DRIVER'S LICENSE	OWNER'S NAME
STREET ADDRESS	STREET ADDRESS
CITY COUNTY STATE ZIP CODE	CITY COUNTY STATE ZIP CODE

NAME OF CONTINUING SEPTAGE EDUCATION RESPONSIBLE AGENT:

****ATTACH A SEPARATE LIST WITH ADDRESS AND LOCATION OF ALL BRANCH OFFICES****

List Michigan counties that are served:

INSURANCE COMPANY	ADDRESS	AGENT
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APPLICATION AND ATTACHED FEE IS FOR OPERATORS AND/OR LICENSES(S) INDICATED

LIST ALL VEHICLES ON PAGE 2

SEPTAGE WASTE SERVICING LICENSE FEE	\$200
SEPTAGE WASTE VEHICLE(S) FEE	\$350 X # of vehicles = \$
SEPTAGE WASTE VEHICLE(S) FEE For servicers that land apply septage waste	\$480 X # of vehicles = \$
TOTAL DUE:	\$

ADDITIONAL SEPTAGE WASTE HAULER INFORMATION

1. Attach written approval from all receiving facilities used to dispose septage waste.	2. Attach a list of the locations of the sites where the applicant plans to apply septage waste to land. Include proof that the applicant owns the proposed site or written approval from the site owner for each proposed site.
3. Include a written plan for disposal of septage waste obtained in winter. Please use form EQP 5931 included in this packet.	4. Attach written proof of satisfaction of the continuing education requirements.

SEPTAGE WASTE HAULER ATTACHMENTS

FOR WASTE WATER TREATMENT PLANT (WWTP) SUPERINTENDENTS ONLY

IF SEPTIC TANK WASTES ARE HAULED TO A MUNICIPAL TREATMENT LOCATION OR OTHER RECEIVING FACILITY, COMPLETE THIS SECTION OR ATTACH SEPARATE DOCUMENTATION, AS NEEDED.

I agree that the above applicant may dispose of septic tank wastes at the _____ waste water treatment plant and that a fee may be charged for that disposal.

WWTP Superintendent's Signature

Date:

Make check payable to: State of Michigan
Mail completed application and payment to:

MI DEPT OF ENVIRONMENTAL QUALITY
CASHIER'S OFFICE-WB-SEP1
PO BOX 30657
LANSING MI 48909-8157

DEQ CASHIER USE ONLY: 37000-44105-9087

VEHICLE DESCRIPTIONS

Provide the information for each vehicle requesting licensure to haul septic waste. Tank trailer units require licenses. State license plates for these vehicles must be for the calendar year that this application covers.

State License Plate No.	Make-Model-Year	Vehicle identification No.	Tank Capacity (gallons)	Current DEQ Vehicle License No.	New DEQ Vehicle License No. (leave blank)	New Decal No. (Leave Blank)

I, the undersigned, swear and affirm that the statements contained herein are true and correct and that the removal, transporting, and disposal of septic wastes shall be done in accordance with the requirements of Part 117, Septage Waste Servicers, Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA).

Further, I understand that failure to comply with the requirements of Part 117 NREPA may result in revocation of permits(s) and criminal and/or civil action.

Signature of Owner: _____ Date: _____

Return all paperwork to the address listed on the front of this document. The Department of Environmental Quality will obtain all inspections.

FOR DEQ USE ONLY

DEQ Authorization – sign and date: